PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  Application or Docket Number  10/08/, 7/3													
CLAIMS AS FILED - PART I (Column 1) (Column 2)									EN	אוווי	OR	OTHER	
TC	ITAL CLAIMS		75		•			RATE	<b>T</b>	FEE	1	RATE	FEE
FOR .			NUMBER FILED		NUMBER EXTRA			BASIC	Œ	370.00	OR	BASIC FEE	74D.00
TOTAL CHARGEABLE CLAIMS			7 5 minus 20=		. 5			X\$ 9	-		OR	X\$18≈	90
INDEPENDENT CLAIMS			p minus 3 =		•			X42=			OR	X84=	
M	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+140=			OR	+280*	
• If the difference in column 1 is less than zero, enter "0" in column 2						olumn 2	,	TOTA			OR	TOTAL	
CLAIMS AS AMENDED - PART II									-		•	OTHER	THAN
	(Column 1) (Column 2) (Column 3)								_	NTITY	OR	SMALL	
ENTA		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER SUSLY	PRESENT EXTRA	ŀ	RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
Ş	Total	. 25	Minus	- 6	25			X\$ 9=	.		OR	X\$18=	
AMENDMENT	Independent	. 2	Minus	244	3	-		X42=			OR	X84≈	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			OR	+280=	
								TOTA			OR	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)													
ENT 8		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER SUSLY	PRESENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	.23	Minus	**		•		X\$ 9=			OR	X\$18≠	
AMENOMENT	Independent	ependent J Minus  ST PRESENTATION OF MULTIPLE DEPENDE			CI AILI	-		X42=	1		OR	X84=	
-	PHESE	MIAITON OF MI	ALIFE DE	SIYUENI	- CUM		ا د	+140=	T		OR	+280=	
l	•			-			<b>.</b>	TOTA			OR	YOTAL	
		(Column 1)		(Colum	nn 2)	(Column 3)		woii. FE	.÷ 🛰		•	ADDIT. FEE	
ENTC		CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO PAID	EST SER SUSLY	PRËSENT EXTRA		RATE		ADDI- IONAL FEE		RATE	ADDI- TIONAL FEE
Š	Total	· 25	Minus	- /		-		X\$ 9=			OR	X\$18=	
AMENDME	Independent	NTATION OF M	Minus		CI AIM	•	<b> </b>	X42=	1		OR	X84=	
┞┦	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								T		OR	+280=	
	* If the entry in column 1 is less than the entry in column 2, write "0" to column 3.  ** If the mighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  **Ti the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."								I L		OB I	TOTAL ADDIT FEE	
		mber Previously Pai					er four	nd to the a	appro	priate box	in cot	umn 1.	
FORL	PTO-875 (Rev. 6A	) ri		<del></del>			Pare	ot and Trac	(amar	4 Office (1)	e nep	OUTHEUT OF	COMMERCE